RESEARCH HIGHLIGHTS

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EVALUATING HOUSING STABILITY FOR PEOPLE WITH SERIOUS MENTAL ILLNESS AT RISK FOR HOMELESSNESS

Introduction

People with Serious Mental Illness (SMI) are vulnerable to homelessness and represent a significant portion of the homeless population. Reducing homelessness among people with a mental illness has become a central concern of advocates, mental health professionals, policy-makers and those potentially affected along with their families and friends.

Canada Mortgage and Housing Corporation contracted the Community Support and Research Unit of the Centre for Addiction and Mental Health in Toronto to develop a set of tools to evaluate the effectiveness of programs to promote housing stability for the mentally ill population at risk for homelessness.

The research led to the development of a housing stability model, a set of "ideal" circumstances in which housing could be considered stable for SMI housing consumers. (See Figures 1 and 2). The model is then applied to data collected from the evaluation tools to assess any risks and develop appropriate action plans.

Figure 1: A Conceptual Model of Housing Stability - Part 1

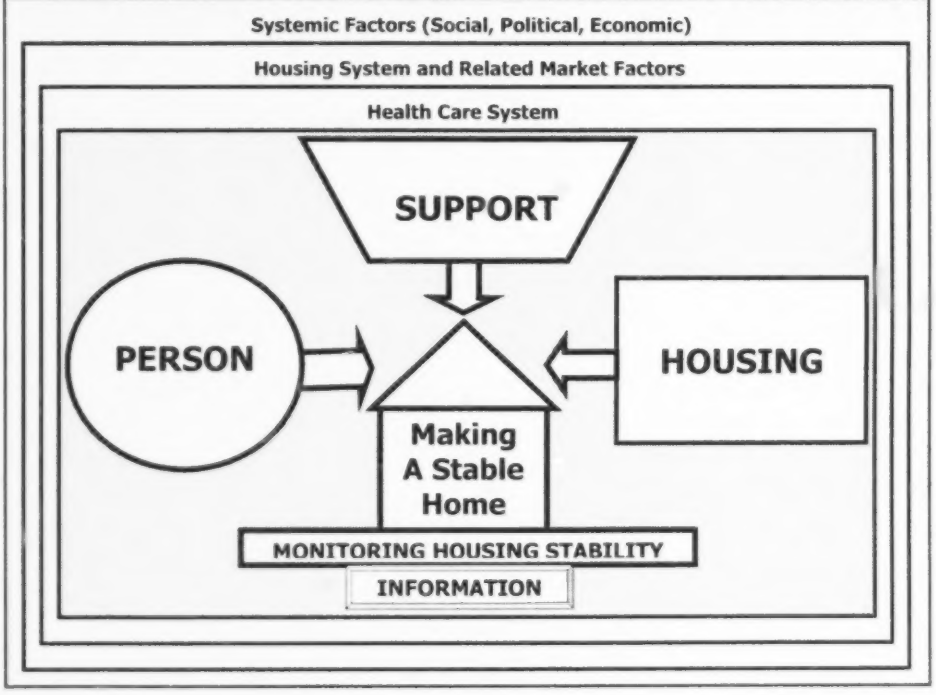

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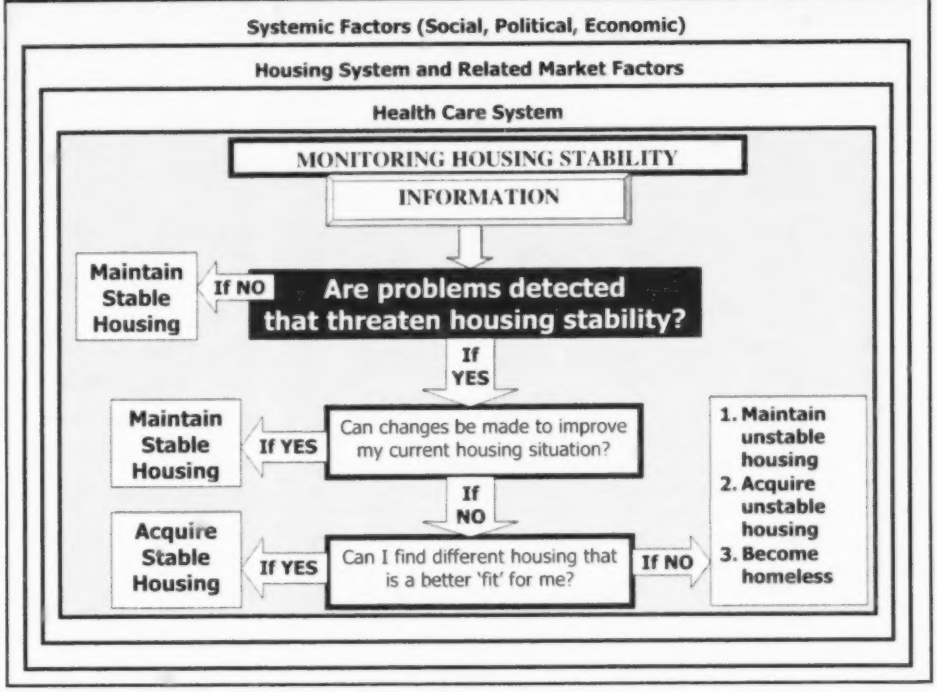
Figure 2: A Conceptual Model of Housing Stability - Part 2


Systemic Factors (Social, Political, Economic)
Housing System and Related Market Factors
Health Care System
MONITORING HOUSING STABILITY
INFORMATION
Are problems detected that threaten housing stability?
If NO
Maintain Stable Housing
If YES
Can changes be made to improve my current housing situation?
If YES
Maintain Stable Housing
If NO
Can I find different housing that is a better 'fit' for me?
If YES
Acquire Stable Housing
If NO
1. Maintain unstable housing
2. Acquire unstable housing
3. Become homeless

Methodology

Research for the project was based on direction from a steering committee, literature scan and pilot test conducted on three Toronto housing agencies.

The Steering Committee was comprised of members of the Community Support and Research Unit, representatives and consumers from three Toronto housing providers and a family member from the Schizophrenia Society of Ontario. The Committee examined all aspects of housing stability, information needed by consumers to improve their housing circumstances and the roles of all parties involved. Its work led to the creation of the benchmark model and the evaluation tools.

The literature scan looked for previous definitions of "housing stability" to determine what areas have been considered important in the past and to identify discrepancies to help create a more comprehensive understanding. The scan included six databases covering 1990 to 2001, industry journals in the 1990s, such as the *Journal of Housing and Community Development* and the *Journal of Housing Research*, and relevant Web sites.

The evaluation tools were used in a pilot test of three housing programs representing custodial, supportive and supported housing models. The test led to a fine-tuning of the model, tools and a master data sheet in which all data is entered for assessment.

The Housing Stability Model

The Steering Committee outlined a definition and goal for housing stability that can be followed by housing agencies and their partners:

> ***"To achieve housing stability for people with serious mental illness at risk for homelessness by providing continuous access to housing that promotes health and an optimal quality of life. These are accomplished through flexible housing, housing programs, and housing systems that are responsive to, and can accommodate change."***

To help achieve this goal, a housing stability model was created recognizing three influencing factors: the health care system, the housing system (and related market conditions), and systemic factors of social, political and economic systems.

Within this framework, housing stability is affected by the interaction among support organizations, categorized in the model as "Support"; housing consumers, covered under "Person"; and housing providers (including builders, designers and property managers) described under "Housing."

For each of these groups, there are "benchmark objectives," optimal practices considered to be of the greatest value to housing agencies and their partners. Those listed here are examples from a more detailed listing.

A. Support

Pointing to a Canada Mortgage and Housing Corporation study in 1999, the report states that in home and community settings, support is a best practice for eliminating homelessness. A primary objective is not

only to maintain an individual in the community but also promote goals of recovery and community integration.

Two systems are seen as critical: case management, in which the individual needs of tenants are addressed through a trusting relationship with case managers, rehabilitation specialists and other professionals; and peer support, viewed with increasing importance based on the theory that people who share a disability have something in common and can help each other in ways that professionals can not.

Support from peers, family and friends through self-help initiatives, drop-ins, recreational, volunteer and educational programs, is proving to enhance coping skills, self-esteem, confidence and a sense of well-being, and serve to expand social networks.

Benchmark Objectives:

- Ensure consumers have access to up-to-date, useful housing information on topics such as tenant rights, legal and community resources, housing markets and options, and how to access preferred housing.
- Negotiation of what information will be shared between consumers and housing providers to balance the need of providers to know certain things with the consumer's right to privacy and autonomy. Research revealed that housing stability is affected by the lack of sharing personal information such as when consumers fire their case managers and do not inform housing staff.
- Access to support that can adapt in accordance with changing circumstances such as a change in personal goals.
- Ensure sufficient and appropriate support including situations where there is a change in housing status.

B. Person

The report examines the characteristics and circumstances of tenants, and the perception of these by housing providers, in assessing the reasons tenants are often placed in housing inappropriate to their needs and preferences.

American-based research found that secondary problems such as substance abuse affecting mainly younger people with SMI, created a bias on the part of placement agents. Assumptions are made about who merits access to better forms of housing with consumers having a history or diagnosis of substance abuse typically placed in highly structured settings with the lowest levels of independence.

What housing providers assume for consumers is not necessarily the housing options that are the most appropriate. Consumer choice and preferences are routinely identified in research as important for housing success. People with psychiatric disabilities were found to be capable of reporting their housing and support needs accurately but since these can change over time, ongoing assessment is needed.

Consumers identify choice, privacy, autonomy and control as the qualities they desire. Most prefer to live alone or with a partner in a house or multi-room apartment. They also need housing they can afford (the lack thereof being the biggest barrier to achieving housing goals) and help in finding appropriate housing and programs that allow them to foster friendships. They prefer a separation between housing and treatment programs and oppose requirements of certain treatments to be eligible for housing.

Benchmark Objectives:

- Ensure consumers can identify their needs, preferences, personal goals and diversity-related issues and be connected with housing and support options compatible with these.
- Access to housing that is affordable and to government income support programs.
- Access and maintenance of benefits to which consumers are entitled.

C. Housing

The term "housing" here refers not only to the physical structure of the building from a design and quality perspective, but also its immediate location in the neighborhood, context within the broader community and the socio-legal aspects (including landlord-tenant relationships).

Physical structure: The researchers identified a number of common site problems that can adversely affect the health and well-being of residents. These include exposure to lead, asbestos, radon and urea formaldehyde. Links have also been drawn between

exposures to dampness, mold, dust mites and cockroaches to respiratory problems and psychological distress. Some of these problems can be due to poor or older construction.

Improper building repairs, inadequate heating systems, improperly functioning smoke and carbon monoxide detectors, poor indoor air quality, poor ventilation and no control over temperature also pose threats.

Building design is often an influencing factor as well. Crowded conditions in which privacy and security are at risk, high-rise accommodation, shared rooms, noisy buildings and the presence of odours, all play a role.

Living in substandard housing was found to be an added source of stress.

Benchmark Objectives:

- Ensure that consumers live in safe, clean and well-maintained housing that provides privacy and security.
- Housing that is flexible to accommodate changing needs, abilities and preferences, and provides for rehabilitation through the practice of daily life skills such as cooking.

Neighbourhood and Community Relationship: Housing that is well integrated into the community and not easily identified as a home specifically for people with SMI was deemed important to stability. This means housing that physically appears to fit into the neighbourhood. Close proximity to amenities and services plus neighbourhood safety are additional factors.

Benchmark Objectives:

- Located to provide good access to the community in a safe area with a range of services and amenities such as public transportation and shopping.
- Housing that fits into the neighbourhood to avoid the stigma of "specialized" housing.

Socio-legal aspects of housing: The report found that consumers feel empowered and secure when there is clear communication about how they can act on their rights as tenants. This includes any rules and regulations, changes to the housing that affect them and available community programs, activities and services.

Benchmark Objectives:

- Ensuring that all consumers are legal tenants of their housing, and that they can act on their rights as tenants.
- Knowing how to access information was seen as just as important to tenants as the information itself. The report therefore recommends appropriate delivery systems such as easy-to-read tenant orientation kits, the creation of tenant associations, postings in common areas and one-on-one meetings.
- It is especially important there be opportunities to meet with housing staff and management when needs or problems arise and that tenants participate in decisions regarding management and regulations where appropriate.

Ongoing Monitoring and Transition

The model prescribes ongoing monitoring as an overall optimal practice. This involves the sharing of information and collaboration between all groups to ensure benchmark objectives are addressed and improved upon.

In addition, the objectives are designed to cover aspects of housing transition. The housing consumer, in consultation with professional support and housing providers, can discuss if changes are possible to improve circumstances and if not, explore if other more suitable housing can be found. If there is a decision to move, support is needed to assist with the transition (a process that can take weeks or months.)

Evaluation Tools

To gather information on actual circumstances that can be applied to the model, four tools are provided: an agency profile survey; a housing and support cost survey; focus group questions for housing staff, management, support providers and consumers; and a consumer housing tour interview.

It is recommended that the agency profile and cost survey be conducted first to give the evaluation team a general context before interviews are conducted.

Data from the tools are entered into a master data sheet consisting of three sections: housing agency profile, housing costs and housing program practices. The data

sheet is designed to stimulate discussion on weaknesses and strengths, current practices as they relate to those in the model, and action strategies for improvement. Because the tools are linked specifically to the housing stability model, the datasheet does not provide an exhaustive review of a program's practices.

To encourage greater openness in the case of two tools, the focus groups and the housing tour, it is suggested that informants clearly understand what will be asked of them, be told how the data will be used and that confidentiality will be protected. This will encourage greater openness in the interviews. (Note that not all consumers will be able to participate in focus groups and may need to be interviewed one-on-one).

Housing Agency Profile:

The agency survey gathers general information about the housing agency and develops profiles for: the consumers it serves (number of consumers, age, etc.); the support available (including support tied to the individual and support that is mandatory for housing); the housing itself (permanent, transitional, shared and single units, management); staffing (including the rate of turnover), partnerships and the extent of advocacy that is practised.

Housing Cost Survey:

The cost survey outlines the cost of a specific housing program covering costs to the consumer, agency support, partner agency costs, total support costs plus total housing costs. Consumer costs are calculated for those who pay rent and board and for those who pay only rent. Included is money for discretionary spending after monthly expenses have been paid. Agency and partner support costs are calculated per-consumer and account for rehabilitation and case management (skills training, counseling and recreation) and domestic help (cooking, cleaning, etc.). Both consumer and support costs can vary widely so it is recommended that agencies base these on a selected sample of each.

Focus Group Questions for Housing Staff and Management, Support Providers and Consumers:

The focus group questions gather information related to person, housing and support factors identified in the stability model. They focus on the capacity of each to deliver the requirements for stability. For example, support providers are asked about their ability to facilitate flexible support and provide support for consumers in transition. The housing staff is asked about the ability to develop positive landlord-tenant relations and the standards of the building (such as maintenance). Consumers are asked about their perceived strengths, preferences and needs.

Consumer Housing Tour Interview:

The interviewer takes a physical tour with the consumer to assess the consumer's personal experiences—designed to address the "Making a Stable Home" box (see Figure 1). The interview starts in the bedroom with the consumer talking about likes or dislikes of the bedroom and whether the room provides sufficient privacy, safety and security, and choices. The interviewer then asks the consumer to show the bathroom, kitchen, dining room and other living areas, asking questions related to each of these. The interview moves outdoors to cover the quality of the property and neighbourhood. General questions cover overall impressions of the housing and any problems experienced. The interview is tailored according to the characteristics of the housing setting and the consumer's ability to respond to the questions asked.

Observations

The study team made a number of general observations that could help make the evaluation process more constructive.

It recommends that a steering committee first be created to include housing management, staff and consumers. The committee would be responsible for overseeing the evaluation process. (The report notes that the formation of the steering committee, in itself, will help to improve collaboration since it will form a working partnership).

The steering committee can decide what specific aspects should be evaluated. It is recommended that an outside individual or group, using the recommended tools, facilitate the information-gathering to ensure results are unbiased.

Researchers noted that collecting the original data can be time consuming so sufficient resources and time should be allocated, especially if the entire procedure is followed. Similarly, any action plans for improvement should carry realistic time frames and resource allocation.

To improve efficiencies, it was suggested the focus groups concentrate on program practices relevant to the stability

model and the interests of the steering committee—and that all questions be adapted to the unique circumstances of each program.

The most in-depth information in the pilot test came from the housing tour interviews with consumers. A major challenge was the varying levels of comfort and ability on the part of the consumers, but interviewers addressed this through periods of rest during interviews and allowing consumers to choose their topics.

A key observation from the pilot test was that agencies can be defensive when their practices are examined and questioned. The researchers were therefore careful to emphasize that the proposed evaluation system is designed to be a collaborative process aimed at program improvement and not to assign blame in the documentation of deficiencies.

Finally, it was noted that researchers had experienced challenges in developing a cost survey that could be completed by all housing programs. As a result, general guidelines only are provided and programs are encouraged to use their own detailed budgets.

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Housing Research at CMHC

Under Part IX of the *National Housing Act*, the Government of Canada provides funds to CMHC to conduct research into the social, economic and technical aspects of housing and related fields, and to undertake the publishing and distribution of the results of this research.

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